

[CONFERENCE COVERAGE]



KEYNOTE ADDRESS:

“GETTING RESPECT—TWO STEPS FORWARD AND ?”

By Karen Woolley, PhD

CEO, ProScribe Medical Communications A/Professor, University of Queensland;
A/Professor, University of the Sunshine Coast, Queensland, Australia

Editor's note: We originally assigned a reporter to cover the Keynote Address, but Karen Woolley's presentation was thought to be of such value that we made the decision to reprint it in full. The address is followed by a commentary written by the reporter, as well as comments from AMWA leadership.

Dr Karen Woolley is the first AMWA keynote speaker in recent memory who is one of us: a medical writer. She's internationally engaged in advancing our profession through teaching, research, and advocacy for higher educational and ethical standards. Karen strode into the conference hotel's ballroom accompanied by Aretha Franklin's song "Respect," then outlined 3 major problems facing medical writers: lack of evidence that we add value to our projects and are ethical; lack of a truly international approach to training; and isolation from other stakeholders, particularly journal editors. For each problem, she suggested actions that individual members can take, as well as actions that the profession can take. Her recommendations go far beyond denouncing ghostwriting! Karen received a long standing ovation followed by more than 20 minutes of questions, suggesting that AMWA members will be discussing her ideas for months to come. Don't miss reading about them here.

—Faith Reidenbach, ELS

Thank you so very much for inviting me to deliver this keynote address. The big question mark in the title refers to whether we are going to get more or less respect in the future. Will we take 2 steps forward and 1 step back or 2 steps forward and more again? I also want to thank Aretha Franklin for her version of "Respect," as it provides a motivating match for the theme of this keynote. Aretha was and is a true pioneer. She was the first woman inducted into the Rock and Roll Hall of Fame and continues to impress. When you look at pioneers, you come across 4 things that are particularly relevant today.

First, pioneers take risks. Our chair, Sue Hudson, and AMWA took a risk inviting me; I think I might be the first non-US-based person in the history of AMWA to deliver the keynote address. I better not ruin it for anyone else! Second, pioneers get shot at. I may say things today that you don't like or don't agree with—that's good. We'll test some boundaries this morning and, today, you can shoot the messenger. Third, pioneers explore options. I am going to explore options that could help address 3 major challenges for our profession. And fourth, pioneers can make it easier for others. I truly hope that something comes from today that makes it easier for the next generation of medical communicators.

If we want respect for our profession, we need to continue to find and support the pioneers in our profession. We've certainly had pioneers in the past who have helped our profession earn respect. To start, I want to pay homage to a few of AMWA's pioneers (and I apologize in advance for not being able to list more). These pioneers took steps forward to advance our profession, even in rocky times.

In 1940, the pioneer was Harold Swanberg, who with 5 others (all MDs), founded the Mississippi Valley Medical Editors Association, which, as many of you know, evolved into AMWA in 1948. Harold must have known that you can't respect something if you don't know what "it" is. Harold realized that there was a body of knowledge about medical communication, and he took the step of establishing an organization to serve its needs.

In 1971, the pioneer was Eric W Martin. He became AMWA's first non-MD President; he also pioneered the draft of the first Code of Ethics, which was approved in 1973. Ethics is certainly not a new issue for medical communicators, but it remains critical to our profession.

In 1977, the pioneer was Virginia T. Eicholtz. Virginia was not the first woman to contribute to AMWA, but she was the first woman to serve as President.

In 1978, the pioneer was Edith Schwager. Edie not only started the much-revered Dear Edie column, but by turning green at a smoke-filled AMWA meeting, she also helped AMWA take the first steps to being a nonsmoking organization. Like so many advances, this may not have been popular at the time, but it was the right thing to do

In 1979, the pioneers were Lottie B. Applewhite and Gerald McKee, who started the AMWA core certificate program at the 1979 AMWA Annual Meeting in Kansas City. This was another important step forward in getting respect for the body of knowledge required by medical communicators.

In 2003, the pioneers were Cindy Hamilton and Mary Royer. These women are certainly not past being pioneers, but their past actions have advanced our profession. On behalf of an AMWA Taskforce, Cindy and Mary published the AMWA Position Statement on the Contributions of Medical Writers to Scientific Publications.¹ This statement has served as a benchmark for other organizations and reinforces the legitimacy and ethics of our profession.

Just as our past pioneers faced challenges affecting respect for our profession, we now face challenges affecting respect for our profession. Today, I will identify 3 major challenges and suggest ways that we, as a profession, and you, as a medical communicator, might help solve them.

The first challenge is that to some people, we may as well be peddling

snake oil. Where is the hard evidence about the value and ethics of medical communicators? The second challenge is that we are facing new frontiers. Medical communicators are appearing in all corners of the world; how can we ensure that we all offer value and ethics? The third challenge is that we can seem a little lonely. How can we reach out more effectively to those who need to hear our side of the story, such as medical journal editors and journalists? We need to overcome these 3 challenges to get more respect.

Now I know, particularly in light of recent media and political pressure, that AMWA members have been asking AMWA: "Can we, as a profession, do anything?" "Can I, as an AMWA member, do anything?" By the end of this presentation, I want you to be able to say "yes" to both questions.

So, in broad terms, what can we do? Well, we can do some things that make no real difference at all. We can worry. And worry we do; the problem is, all that worry gets us no closer to getting more respect. We can also react, when others say something good about us and when others say something bad about us. But again, that may or may not get us more respect. What we need to do is take control. I am now going to suggest ways in which we can take control over those 3 challenges affecting our profession.

NEED FOR EVIDENCE ABOUT THE VALUE AND ETHICS OF MEDICAL COMMUNICATORS

To address our first challenge, we need to investigate the value and ethics of our profession. Where is the evidence that we provide any value? Further, where is this evidence published so that those who might criticize us can read it? Most of the information we have on our value and ethics has been published in our association newsletters and journals, which are rarely read by influential editors, journalists, regulators, or politicians. How can these people really know about our value; how do they (or in fact we) really know that we can

- Save time for authors, peer reviewers, editors, or regulators?
- Enhance the quality of documents?
- Reduce costs by doing things the right way the first time?
- Reduce the risk of important data not being published?

In addition to our need for published evidence on the value we provide, where is the evidence on our ethics? We know from the last survey of AMWA members that ethics is "by far the greatest concern" (your number-1 issue), and these issues arise on the AMWA listserve. For example, one AMWA member asked listserve users whether medical writers or editors were involved in any of the papers recently retracted for misconduct. This is a perfectly reasonable question to ask and wouldn't it be nice if our profession could point to some hard data to say that medical writers are rarely involved in papers retracted for misconduct? As it turns out, last year, before this question was posted on the listserve, we had begun to investigate this very issue!

I'd like to share some of our original research, as it demonstrates that medical communicators can investigate ethical issues and, in so doing, generate hard data that can be used to get more respect for our profession. We are doing our best to communicate the results of our research to audiences who may question the ethics of medical communicators. As such, we presented these data at the 2009 International Congress on Peer Review and Biomedical Publication hosted by *JAMA* and the *British Medical Journal* and attended by many of the world's most influential journal editors and keen journalists. Our project was just profiled in *Nature Medicine*² and we have been invited to submit a commentary on our results to *Lancet*.

Our research project was titled "Round Up the Usual Suspects? Involvement of Medical Writers and the Pharmaceutical Industry in Publications Retracted for Misconduct." Integrity in the litera-

ture is shot when misconduct occurs. Are the usual suspects really the most suspect? And who are the usual suspects? If you believe Mr McHenry, you believe that "...it is now fairly well known that pharmaceutical companies launder their promotional efforts through medical communication companies that ghostwrite articles and then pay 'key opinion leaders'...to affix their signatures to the fraudulent articles..."³ Despite Mr McHenry's dogmatic assertion and opinions, we thought we might conduct the largest study done to date on retracted publications, *especially those retracted for misconduct*, that involved declared medical writers or pharmaceutical industry sponsorship, and 2. investigate factors that may be associated with misconduct retractions. I think Mr McHenry and others might be shocked to find out who is and who isn't involved in retracted publications.

Our results showed that the first group, which comprised those papers that had declared medical writing and industry support (ie, probably the most suspicious papers in some quarters) actually accounted for very few retractions and none of the misconduct retractions (Figure 1). Even the second and third groups, which comprised papers where there was declared medical writing or declared industry support, accounted for very few retractions. The fourth group, where there was no declared industry funding, accounted for almost all of the retractions and the misconduct retractions. You have to ask why medical writers and the industry are guilty until proven innocent? These data should help our profession get more respect as they indicate that a paper that has declared medical writing involvement and industry support is unlikely to have to be retracted. Declaration of a medical writer on a paper should be seen as a good sign, not a bad sign.

This conclusion is supported by the odds ratio data, where we looked

at the odds of a paper being retracted for misconduct vs mistake. Mistake retractions served as the control group. The odds of being retracted for misconduct were significantly lower (less than 1.0) if medical writers or the pharmaceutical industry were involved, but were significantly higher (greater than 1.0) if the paper involved

- A single author
- A first author who had at least 1 other retraction (we now have evidence to support the concept of the serial offender)
- A first author who was affiliated with a low- or middle-income country

I think these results show that if a professional medical writer is involved in preparing a manuscript, a journal editor may be far less likely to go through the pain of having to retract a publication. So that is what we have done to investigate and promote ethics in our profession. What can you do?

You too can be a pioneer and investigate the value and ethics of our profession.

The importance of investigating and publishing research on our profession was eloquently stated by AMWA's Mary Royer and Doug Haneline in a recent issue of the *AMWA Journal*: "The solution to making our profession and our work visible is not only more effective public relations; it is a matter of establishing our identity and credibility through published research."⁴ They say that you should put your money where your mouth is, and on that note

I am delighted to be partnering with some AMWA legends, Art Gertel and Nancy Taylor, to kickstart funding for the AMWA Award for Best Published Research.

Importantly, we need medical writing publications in peer-reviewed journals listed in Medline so many other people can find them and read them—we can't keep publishing our work in newsletters only. Please know that I am not asking you to do the impossible; it is challenging, yes, but we have managed to publish our papers on medical writing issues in high-ranking journals such as *JAMA*, *Chest*, and *PLoS Medicine*. Gaining and publishing evidence on our value and ethics can be done. We need to do it more.

If you don't think you can become a pioneer right now, though, you can certainly do your bit right now by supporting the pioneers, particularly if you work on manuscripts. That means you need to be familiar with

- the AMWA Position Statement¹
- Good Publication Practice for Pharmaceutical Companies⁵
- the Uniform Requirements

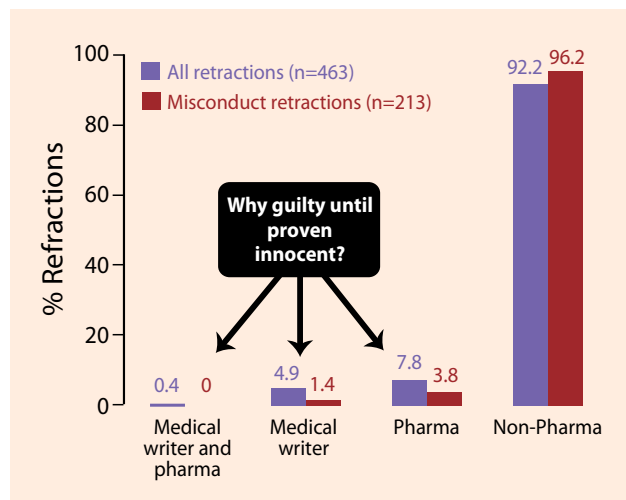


Figure 1. Percentage of retractions among 4 groups of journal articles: those with declared medical writing and industry support, those with declared medical writing support, those with declared industry support, and those with no industry support. Reprinted, with permission, from Woolley KL, Woolley MJ, Lew RA, et al., Round up the usual suspects? Involvement of medical writers and the pharmaceutical industry in retracted publications. Paper presented at the Sixth International Congress on Peer Review and Biomedical Publications; September 10-12, 2009; Vancouver, Canada. http://www.ama-assn.org/public/peer/abstracts_2009.html#113. Accessed November 11, 2009.

for Manuscripts Submitted to Biomedical Journals (www.icmje.org)

And, you simply must reject ghostwriting work—ghostwriters must be stopped—their short-term financial gain causes us long-term professional pain!

The survey recently completed by Adam Jacobs from the European Medical Writers Association (EMWA) and Cindy Hamilton, your AMWA 2008-2009 President, showed that EMWA and AMWA members are doing less ghostwriting.⁶ However, I was staggered to see that 42% of EMWA and AMWA members are still ghostwriting! This is just not good enough!! It is simply not acceptable that 42% of AMWA and EMWA members are still ghostwriting, and keep in mind that this 42% is likely to underestimate the true problem, given that these medical writers have at least recognized the importance of joining a professional association.

Lastly, when it comes to declaring your involvement and funding source, I encourage you to urge your authors to use the checklist that we recently published in *PLoS Medicine*.⁷ This checklist was designed by medical writers in Europe, North America, and the Asia/Pacific region. Importantly, the checklist is freely available, without any copyright restrictions, from *PLoS Medicine* (one of the highest ranking journals in general medicine) and on the EQUATOR network Web site (www.equator-network.org). The checklist is the only tool that gives editors “teeth” at minimal cost to them. Please get your authors to use it! If you do, we will create an international groundswell of submissions to editors that show just how ready professional medical writers and authors are to prove that they are working together ethically.

NEW FRONTIERS OF MEDICAL COMMUNICATION

Our second challenge relates to the new frontiers of medical communication. To address this challenge, I put

to you that we need to we need to take a truly international approach to our expectations and our education of medical communicators. Respect for our profession cannot be piecemeal; our profession is international and we are only as strong as our weakest link. We can't have people say, “Oh yes, I respect medical communicators in this country, but not that country.” Our challenges are international, and our solutions must be international; as medical communicators, are all in this together.



Don't say there weren't warning signs about how critical this challenge could get. Earlier here, I highlighted that retractions from low- and middle-income countries were of particular concern. The so-called worst of the worst of these countries are China, Croatia, Egypt, India, Lebanon, and South Africa. These countries not only had the highest number of retractions but also had the highest number of retractions for misconduct. The countries that should ring alarm bells are India and China, as clinical trials are surging there (almost doubling in the past 3 years). How many of you or your organizations have a risk management strategy in place to deal with the significantly higher odds of a misconduct retraction coming from these countries? You can bet that investigators in these countries will want to author papers. I want to stress that we can't punish innocent authors from these countries, but thinking that retractions from these countries will suddenly disappear is ignorant and irresponsible.

Some of you may be thinking that all this trouble over there doesn't affect you. If it doesn't now, it may in the future unless our profession acts. Market research indicates that the global medical writing market is growing; it has apparently doubled in last 5 years.⁸ Market research also indicates that about 40% of clients are outsourcing their medical writing.⁸ Quite simply, our profession is growing and it is going global. This is good news, but we have to realize that this also increases the risk that medical writers around the world may not be have the value and ethics that would help our profession gain respect. We must realize that poorly trained medical writers anywhere—from Dallas to Delhi—affect all of us; they can add to or detract from respect for our profession.

So what can we as a profession do? I put to you that because our profession is working in new frontiers, we need a new certificate, and I think an organization like AMWA would be one of the best organizations to offer this new certificate. First, I want to compare the AMWA core certificate with the certificate that I propose AMWA offers, namely an international certificate. I offer this comparison not to criticize the existing core certificate; rather, I don't think the core certificate is suitable for international medical writers in terms of content, delivery, and time. And I think our profession needs a certificate that is suitable with regard to these factors. In terms of content, the core certificate requires 8 modules and ethics is not compulsory; I would make the international certificate require only 4 modules and make ethics compulsory. In terms of delivery, the core certificate offers most of its modules in person; I would make the international certificate all online. It does not matter where in the world you are, you could do the AMWA international certificate. In terms of time, the core certificate would probably take someone from India or Australia or elsewhere in the world 3 years to do and that depends on if they could do their

modules at the AMWA conference and if they could afford the travel and time costs to attend the AMWA conference for 3 years. I would make the international certificate program possible to complete in 1 year.

Why would AMWA offer an international certificate? What are the benefits for AMWA? First, if AMWA stepped into the gap in the market, it could reinforce AMWA as a leader in its field; other organizations might offer basic training, even certification in medical communication, but they don't have the history or reputation of AMWA. Second, AMWA could build this certificate for minimal cost by leveraging content from its existing modules, and the certificate could be a new source of revenue, as well as a new source of new members. Third, the certificate would help AMWA raise its profile internationally. Importantly, AMWA would not have to deliver this international certificate on its own if it did not want to. AMWA could partner with other organizations, such as the soon-to-be-formed Asia-Pacific Medical Writing Group, to offer this certificate to international members.

In addition to the international certificate, I also think our profession should start using a new tool that identifies the knowledge, skills, and behaviors we expect of a medical writer, no matter where in the world that medical writer might come from. David Clemow and I worked with medical writers in Europe, North America, and the Asia/Pacific region to develop a medical writer competency model. For the past year, the line managers at our company have piloted the use of this competency model to hire and train medical writers, and the results have been very positive indeed. You will be able to read more about this competency model when David and I publish an article on the model soon and I will speak with AMWA about making this model, designed by medical writers for medical writers, freely available to interested AMWA members.

In the interim though, what can

you do? I encourage you to discuss the proposal of AMWA developing an international medical writing certificate; if AMWA doesn't, then who should? There is no time to waste on this—we need to make sure that medical writers around the world have a very basic, but very clear, understanding of the value and ethics expected of medical writers. I also encourage you to be active professionals—if and when you liaise with medical writers overseas, encourage them to join AMWA and take every opportunity you can to reinforce how important ethics are to our profession. Lastly, I encourage you to trial the competency model when it becomes available to you.

THE LONESOME POSITION OF MEDICAL COMMUNICATORS

Our third challenge relates to the often lonesome position of medical communicators. To address this challenge, we need to be much more proactive and strategic in how we interact with those who need to understand the value and ethics of professional medical writers. Essentially, we have to find our rightful place—where we belong and where we are respected. Medical communicators must interact with many stakeholders if we want to take more steps forward for our profession; I will just focus on 2 groups: editors and the media.

If we really want to interact with editors in a respectful and meaningful way, we have to appreciate their concerns. In the eyes of many editors, we have a negative history. They don't necessarily know the difference between professional medical writers and ghostwriters, but they sure know that ghostwriters are bad. They don't want to embroil their journal in ghostwriting controversy and end up on the front page of *The New York Times* or *The Wall Street Journal* for all the wrong reasons. You can understand, perhaps, why some editors just want to ban all writers. There is also confusion about which organization journal editors should consult about a medical writing issue. Should they

go to AMWA, or EMWA, or the Drug Information Association (DIA), or the International Society for Medical Publication Professionals (ISMPP) or the Association of Regulatory and Clinical Scientists in Australia (ARCS) or the All India Medical Writers Association or...the list could go on. When editors need a credible, clear, and quick answer on medical writers, who is their "go to" contact?

I want to highlight to you that if we do interact with editors, in a respectful and meaningful manner, there is the possibility of gaining more respect for our profession. For example, you may have been aware that the *Clinical Journal of Oncology Nursing* previously had a policy that "banned articles written by writers as a way to avoid ghostwriting."⁹ After a few of us interacted with the editor of this journal, particularly after we had published our article about medical writers in *PLoS Medicine*⁷ (note that this was a journal that another editor had actually read), the policy was changed.¹⁰ In addition to changing the policy, the editor also kindly published correspondence from AMWA legend Art Gertel and me, which as you might guess, focused on the value and ethics of professional medical writers.^{11,12}

What about interacting with the media? First, I think it is important to highlight, as evident in a quote from the *New England Journal of Medicine*, that at least some people in the media are realizing that they must hold themselves to higher standards. Susan Dentzer wrote, "We in the news media have a responsibility to hold ourselves to higher standards...we must be more than carnival barkers; we must be...more interested in...[communicating] than carrying out our other agendas."¹³ From reading many articles in the media, you would think that there has been an agenda to get rid of medical writers. Indeed, many of these articles would have readers believe that all medical writers are bad; there never seem to be any good apples.

I appreciate that interacting with the media is not always easy or advisable, particularly when they might

corner you in bathroom, as the journalist from *The Wall Street Journal* did to me one day in Chicago, or corner you on the telephone trying to trap you into saying that your clients force you to ghostwrite, as the journalist from the *British Medical Journal* tried to do to me last year. He was not successful—we don't ghostwrite and we never will. I gave him a simple message, but it was not the one on his agenda.

So what can you do when it comes to interacting with editors and the media? One thing you can do, and which too many medical communicators don't do, is to use the right words. Whenever you speak with an editor or the media (or anyone else for that matter), never say that you are a ghostwriter (I am assuming here that you aren't!). Instead, say that you are a professional medical writer. Explain the difference. If it helps, you can refer them to my article in *Chest*, which reinforces that professional medical writers are not the same as ghostwriters.¹⁴ We, of all people, should know how powerful words are...let's all start using the right words when we interact with others.

Also, if AMWA agrees, you could be quite proactive in your local chapter. For example:

- You could identify just 1 editor or journalist in your region.
- You could then send them a copy of AMWA's Position Statement.
- You could set up an interview with an AMWA spokesperson (someone who has strong knowledge and media training).
- You could invite the editor or journalist to attend the annual conference and have a dedicated person available to show them around—one look at the AMWA conference program and they would see how strong AMWA is on ethics and value.
- You could then build on these relationships—sending out useful press releases—fortunately, AMWA already has a very helpful publicity kit to get you on your way.

Now if you or someone in your chapter doesn't take these steps, who will?

What can we, as a profession, do? I think we have to change how our profession interacts with editors and journalists. Currently, an issue breaks and, quite rightly, a whole bunch of associations or individuals respond to that issue. Not surprisingly, this can create confusion, as our profession has a splintered voice. I believe our profession needs a united voice, and I put to you that we establish an International Committee of Professional Medical Writers, modelled somewhat on the lean, but highly influential, International Committee of Medical Journal Editors (ICMJE). This committee would allow for

- A credible response—the committee would be made up of highly respected representatives from professional medical writing associations around the world; it would not compete with our existing associations, it would complement them.
- A clear response—we could speak with a unified and international voice.
- A quick response—the committee would be the initial “go to” contact, with responses provided within 24-48 hours.

With such a committee, we could have a much simpler way of responding to an issue; further, this committee could also be used to raise issues of concern to our professional associations. If we build trust with editors and journalists, the relationship can be two-way. If ICMJE can do all that it has without large costs, why can't we?

This keynote is drawing to a close and I promised you that by the end of this presentation you would be able to say “yes” to 2 questions. So let me summarize what we and you can do to help our profession address the 3 challenges I identified and get more respect.

1. Our first challenge is to investigate our value and our ethics.

I have suggested that as a profession, we could encourage and fund research; the AMWA Award for Best Published Research did not exist last year, but with starting funds from 3 medical writers and support from AMWA, we now have that in place.

I have suggested that you could help by

- Winning the award—why not be rewarded if you publish research on the value or ethics of medical writers?
- Knowing the rules that govern what we do and reject ghostwriting work; we simply have to get that 42% down to less than 1%.
- Using the medical writer checklist published in *PLoS Medicine*; this checklist is free and readily available.

2. Our second challenge is to address our new frontiers.

We need to take a truly international approach to our expectations and education of medical writers. I have suggested that as a profession, we could develop an international certificate and a medical writer competency model. We have the model already and I believe we can and should work toward the certificate.

I have suggested that you could help by

- Debating whether AMWA should offer an international certificate.
- Promoting ethical practices and AMWA to your international colleagues.
- Trialing the competency model; I will work with AMWA to make it available to you when it is ready. Our profession is international and our core competencies should be as well.

3. Our third challenge is to not be so lonesome.

I believe we need to interact more, and in better ways, with journal editors and the media. I have suggested that as a profession, we could establish an International Committee of

Professional Medical Writers; this might be controversial, but as we are not doing so well in our interactions right now, we need to do something different.

I have suggested that you could help by

- Using the right words—if you are a professional medical writer, you are certainly not a ghostwriter.
- Contacting your local journalist or a medical journal editor; show that you appreciate their concerns and do what you can to help raise awareness of our value and our ethics; we need more respect from journalists and editors and you could do your bit to help.

I hope I have been able to share with you what getting more respect for our profession means to me. I also hope that together, you and I and our medical communication colleagues around the world, can truly, as Aretha Franklin would say, “tcb”—an acronym (and you know how much we all love acronyms) for “taking care of business.” Medical communication is

our business; it is **our** profession, and we all need to take strong steps forward to ensure our profession gets the respect it deserves.

Thank you.

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Karen Woolley was the recipient of an honorary AMWA fellowship, which was presented to her by Faith Reidenbach, ELS (left), and Marianne Mallia, ELS (right), at the Sablack Awards dinner.

KAREN WOOLLEY HAS MY RESPECT

By Debra Gordon, MS

First, a confession: I usually skip keynote addresses. I find such talks vague and rambling, designed, by necessity, to appeal to the masses instead of focusing on a specific topic. So the main reason I was sitting in the third row of the ballroom during Karen Woolley's keynote address in Dallas this year was because I had been asked to write a summary of the talk for the *AMWA Journal*. Then, when the decision was made to publish the address in its entirety, making my article redundant, I was asked to write an analysis/opinion piece on it.

I knew this wasn't going to be your typical keynote address when the sounds of Aretha Franklin's "Respect" boomed through the hall. In its wake came this lovely Australian with a pixie cut and an accent I could happily listen to all day. Then came her slides—creative, funny, and to the point. *Whoa*, I thought, *this is a woman who knows how to give a compelling talk*.

And what a talk! I hope that you've read her talk, so I'm not going to get into the details here. Instead, let me tell you how her talk affected me.

For most of my career, I've written about health and medicine for consumers. I have thousands of articles and at least a dozen books with my name on them. But I've also

written a few trade books for doctors under their name. In other words, I have, yes, *ghostwritten*. Not only that, but in the publishing world, ghostwriters are not only in high demand but we're actually proud of what we do. One of my closest friends commands 6 figures for every book she pens. Her e-mail signature proclaims that she is the "co-author and ghostwriter of 6 *NY Times* bestsellers."

Can you imagine a medical writer putting that on his or her sig?

All of this is a very roundabout way of saying that until Dr Woolley's talk, I really hadn't worried all that much about my own role in the ghostwriting debate. Although my work had gradually transitioned over the years from 100% consumer to about half consumer, half scientific, the few papers I'd worked on for publication in journals had, to my knowledge, acknowledged me. One even listed me as a coauthor. But I hadn't really pushed for it or made it a priority when negotiating jobs.

That has now changed. In fact, the week I returned from the AMWA conference, I received an assignment to help with a review article. The first thing I did (after trying to get more money) was ask about credit. Of course, said the project manager. No problem.

Bottom line: Dr Woolley's talk energized me. It made me really understand the ramifications of the ghostwriting issue beyond the yelling and misinformation in the media (and, occasionally, on our listserve). Why? Her research. Dr Woolley's work clearly demonstrated that medical writers are not the problem when it comes to questionable publications. Which, as she clearly pointed out, begs the question: How do we get that message out to the broader public?

One thing I loved about Dr Woolley's talk was that she didn't just throw that question out there but provided a very specific, point-by-point plan to address the problem, something I wish more speakers/experts would do. Although I know there was a lot of debate about her recommendations, I have to say (because this is opinion and I'm allowed to) that I thought they were brilliant. I support every one.

Dr Karen Woolley has provided us with the road map to respect for our profession, but she cannot singlehandedly lead us to our destination. Instead, it is up to us, the rank-and-file of AMWA, to gas up the car, choose the best routes, and avoid the roadblocks if we are to convince the broader world of our worth and contributions and address the rumors and misinformation currently cluttering this highway.

AMWA MEMBERS COMMENT ON THE KEYNOTE ADDRESS

Karen Woolley's keynote address was packed with practical tips for AMWA members. I encourage you to download the audio file and slides from the Members Only section of AMWA's Web site. While you're there, search for relevant information that dovetails with Dr Woolley's advice. For example, she encouraged us to perform research to document the value we add to medical communication; the Web site has information on AMWA's new awards on published research (www.amwa.org/default.asp?id=467) and student research (www.amwa.org/default.asp?id=468). Karen also urged AMWA members to reject ghostwriting assignments; take the time to review AMWA's recently expanded ethics section of the Web site (www.amwa.org/default.asp?id=471). Following Karen's advice will help medical communicators gain respect both for themselves and the profession.

—Cindy W. Hamilton, PharmD, ELS
2008-2009 AMWA President

By showcasing her own leadership (along with that of several peers) in conducting research on ethical practices in medical writing and publications, Dr Woolley outlined a map for getting the medical writing profession from "here" to "there." Our current situation ("here") is characterized by an underappreciation and mischaracterization of our role in the support, development, and polishing of medical and research publications. The goal for our profession ("there") is to achieve respect and recognized legitimacy in the collaborative effort that comprises modern scientific research. Not only must we demonstrate our value (ie, measurable contributions in terms of time/resource savings and improved outcomes) but we must let there be no doubt that we operate under unified, well-defined, and indisputable ethical principles. There is much work to do in this regard, especially because recent research still shows that unethical ghostwriting practices are still occurring (though at markedly decreased levels than seen in the past). Dr Woolley's mantra to those who ghostwrite medical publications, "Your short-term gain causes us all long-term pain," is as much a call to action as it is an admonition—we must only accept and undertake work that will be conducted ethically with appropriate acknowledgment of nonauthor contributions and potential conflicts of interest. Not doing so will perpetuate a cycle of distrust, increased scrutiny, and perhaps the eventual ruin of an honorable, yet widely unrecognized, profession.

—Tom Gegeny, MS, ELS
2009-2010 AMWA President

Karen Woolley's keynote address at the 2009 annual conference raises important issues about the role of medical writers—and AMWA—in scientific communications. Dr Woolley shows us that the high road to new global respect for the value and integrity of medical communicators is paved with research, evidence, and collaboration with our brothers and sisters in related associations around the world. By working together to establish proof of our value and integrity, we earn can respect as professional medical communicators.

—Sue Hudson
2007-2008 AMWA President